

Missouri MRDD Transformation Grant

Annual Report

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**Missouri Transformation Grant Program
Missouri Department of Mental Health
Division of Mental Retardation/Developmental Disabilities**

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INTRODUCTION

The Medicaid Real Choice Systems Change Grants Program identifies six goals critical to infrastructure development and successful systems transformation. Of the six goals, participating states are required to address three goals deemed to be most applicable to the current needs and capacity of the state. The Missouri Systems Transformation initiative focuses on the following three goals and accompanying objectives.

Goal 3: Development or Enhancement of Comprehensive Quality Management Systems.

- Objective 3a:** Increase the number of consumers, self-advocates, and families that fully participate in the development, implementation, and evaluation of the system.
- Objective 3b:** Through training and education, increase the number of stakeholders that understand and use the quality management system.
- Objective 3c:** Design and implement state-of-the-art data collection, monitoring analysis and accessible reporting system.

Goal 4: Transformation of Information Technology to Support Systems Change.

- Objective 4a:** Design and build an integrated system on a scalable platform that meets data and system requirements.
- Objective 4b:** Increase the number of stakeholders who utilize a fully integrated information system.

Goal 5: Creation of a System that More Effectively Manages the Funding for Long-term Supports that Promotes Community Living Options.

- Objective 5a:** Increase availability and flexibility of funding for service options to support individuals transitioning in the community.
- Objective 5b:** Increase the number of individuals served will decide to move to the community from habilitation centers and more individuals will choose to remain in the community.
- Objective 5c:** Within the community, increase the availability, timeliness, and follow-up of behavioral support resources, counseling services and crisis management for individuals and their families.
- Objective 5d:** Increase quality of services and support through consistency and variety of training.

EVALUATION OVERVIEW

This annual report for the evaluation of the Missouri Transformation Systems Change Grant covers the 15-month period from July 1, 2006 through September 30, 2007. The evaluation activities described in this report align with the (a) evaluation plan that was submitted to the Centers for Medicare and Medicaid Service (CMS) and (b) required annual reporting format.

Evaluation Plan

The evaluation plan was developed in collaboration between Dr. Christine Rinck (contracted evaluator at the time) and the project staff. During the planning phase, project work teams developed a strategic plan including specific activities and relevant data sources. The evaluation plan was designed to complement the strategic plan such to inform implementation process and outcomes. Overall, the evaluation plan details, by grant objective, the evaluation processes, measures, and data sources.

Given the integrated nature of the data comprising the evaluation of the Missouri Transformation Systems Change Grant, implementation of the evaluation plan has involved collaboration across many partners within the Department of Mental Health. With the retirement of Dr. Rinck in the summer of 2007, the role of evaluator transitioned to Dr. Ronda Jenson. Dr. Jenson has worked closely with project staff to assure a smooth transition, familiarize herself with the project processes, and gather data for this annual report.

The evaluation plan includes both a process and outcome evaluation. The purpose of the process evaluation is to:

- Determine the perceptions of the stakeholders about the planning and implementation of the projects,
- Determine the extent to which the implementation of the grant follows proposed protocols,
- Document changes to grant processes and reasons for changes, and
- Record participation from various stakeholders in grant activities and decision-making.

The outcome evaluation involves:

- Integrating existing data sources contributing to the understanding of the effects of the grant processes on the quality of life for people with disabilities,
- Measuring the usefulness of current data systems,
- Measuring stakeholder perspectives of outcomes and document their personal experiences,
- Cross-walking current and proposed initiatives to align related activities and data measures,
- Tracking individuals participating in the various programs supported through the Transformation initiative, and
- Measuring the effectiveness of training by assessing acquired knowledge and skills.

Evaluation Methodology

Numerous sources of data, both qualitative and quantitative, are integrated in the evaluation of the Missouri Transformation Systems Change initiative. The following tables list the data elements, sources, responsible agency, and the frequency of collection for Goals 3, 4, and 5.

Table 1. Outcomes and data elements for measuring progress toward Goal 3, Objective 3a

Objective 3a: Increase the number of consumers, self-advocates, and families that fully participate in the development, implementation, and evaluation of the system.

Outcome: Increased number of consumers, advocates and families participating in DMRDD QA Advisory Group, SAFE program, implementation workgroups and other activities.

Data Elements for Measure	Information/Data Source(s)	Agency Collecting Data	Frequency of Data Collection
Counts of consumers, advocates and families who attend the DMRDD QA Advisory Group, work groups, SAFE program (trained and participants), and other activities	Listing of the number of consumers, advocates and families on DMRDD QA Advisory Group, implementation work groups, and other activities	Department of Mental Health (DMH)	Annually. The number of participants will be collected at the time of the meetings and will be reported annually.
Numbers of individuals participating in focus groups looking at the development of the system	Listing of persons attending focus groups	DMH	When focus groups are completed

Table 2. Outcomes and data elements for measuring progress toward Goal 3, Objective 3b

Objective 3b: Through training and education, increase the number of stakeholders that understand and use the quality management system.

Outcome: Increased number of stakeholders who will be participants in the development implementation and evaluation of the system

Data Elements for Measure	Information/Data Source(s)	Agency Collecting Data	Frequency of Data Collection
The number of stakeholders who are trained	Listing of those trained	DMH Project Staff	Data will be collected at the time of training and reported annually.
Number of SAFE program volunteers trained	List of SAFE program volunteer training roster	DMH SAFE program Staff	Data will be collected at the time of training and reported annually.
Number of SAFE program surveys administered	List of site visits completed	DMH SAFE program Staff	Data will be collected and reported annually.

Table 3. Outcomes and data elements for measuring progress toward Goal 3, Objective 3c

Objective 3c: Design and implement a state-of-the-art data collection, monitoring analysis and accessible reporting system.

Outcome: Appropriate data collected, integrated and reported for decision-making.

Data Elements for Measure	Information/Data Source(s)	Agency Collecting Data	Frequency of Data Collection
Need assessment results	Needs assessment of stakeholders (e.g. Focus Groups)	DMH/CIA	At the time of completion of the needs assessment (e.g. focus groups)
New variables in system	List of new variables in system	DMH	Annually
HSRI evaluation findings of the system	HSRI Report	HSRI/DMH	At the completion of HSRI evaluation
Mental Health Task Force Recommendations	Mental Health Task Force Report	DMH	At completion of report

Table 4. Outcomes and data elements for measuring progress toward Goal 4, Objective 4a

Objective 4a: Design and build an integrated system on a scalable platform that meets data and system requirements.

Outcomes:

1. Network of Care Implemented.
2. CIMOR implemented
3. Autism Registry Developed
4. Expanded reporting tools
5. Survey about usefulness of Network of Care

Data Elements for Measure	Information/Data Source(s)	Agency Collecting Data	Frequency of Data Collection
The date of completion of the Network of Care	Dates of system implementation	DMH	When completed
The date of completion of the CIMOR system	Memorandum about completion of CIMOR	DMH	When Completed
Date the Autism Registry is completed	Memorandum about completion of Autism Registry	University of Missouri – The Thompson Center for Autism and Neurodevelopmental Disorders	When Completed
Number of management tools developed	List of reporting tools	DMH	Annually
Number of users who found system useful	Web-based survey on Network of Care system	DMH & Trilogy	Quarterly

Table 5. Outcomes and data elements for measuring progress toward Goal 4, Objective 4b**Objective 4b: Increase the number of stakeholders who utilize a fully integrated information system.****Outcomes:**

1. Use of fully integrated information system
2. Reports are available
3. Reports are Useful

Data Elements for Measure	Information/Data Source(s)	Agency Collecting Data	Frequency of Data Collection
Number of people accessing the systems	Count of system users (CIMOR, Network of Care, and Missouri Autism Registry) through system count	DMH	Counts will be made monthly and will be reported annually.
Number and type of reports created	Listing of reports and functions	DMH/Evaluation Team	Annually
Usefulness ratings	Post Cards or Web Based Surveys	UMKC and DMH	Annually

Table 6. Outcomes and data elements for measuring progress toward Goal 5, Objective 5a**Objective 5a: Increase availability and flexibility of funding for service options to support individuals transitioning in the community****Outcomes:**

1. Expanded funding sources.
2. Better use of available and flexible funding sources Autism Registry Developed
3. More expanded possibilities on service contracting
4. Decrease number on waiting list
5. Increase number of available waiver services

Data Elements for Measure	Information/Data Source(s)	Agency Collecting Data	Frequency of Data Collection
Number of new funding sources developed	List of funding sources and partnerships	DMH, Senate Bill 40 Boards.	Annually
Increased number of funding sources that are more available and more flexible.	DMH computer system listing	DMH	Annually
Identification of changes in policies and procedures	List of policies and procedures	DMH	Annually
Numbers on Waiting List	DMH Waiting List	DMH	Quarterly
Number of waived services	List of waived services.	DMH	When waiver is amended.

Table 7. Outcomes and data elements for measuring progress toward Goal 5, Objective 5b

Objective 5b: Increase number of individuals and families who choose to transition to life in the community from habilitation centers and increase number of those who choose to remain in community.

Outcomes:

1. Decrease number entering/decrease number leaving habilitation centers
2. Increase proportion of Medicaid funding by 5% for people with DD directed to community based services.
3. Decrease the proportion of Medicaid funding to state operated facilities.
4. Increase the Number of People who self direct services by 25%

Data Elements for Measure	Information/Data Source(s)	Agency Collecting Data	Frequency of Data Collection
Number entering and number leaving	Computer listing of those entering and those leaving.	DMH	Semi-annually.
Funding Amount for HCB Services	DMH State Appropriations Bill and Fiscal Tracking	DMH	Annually
Funding Amount for State Operated Facilities	DMH State Appropriations Bill and Fiscal Tracking	DMH	Annually
Number of People Self Directing	CIMOR	DMH	Annually

Table 8. Outcomes and data elements for measuring progress toward Goal 5, Objective 5c

Objective 5c: Within the community, increase availability, timeliness, and follow-up of behavioral support resources, counseling services and crisis management for individuals and their families.

Outcomes:

1. Increase access to behavior support.
2. Fewer individuals entering or returning to hab center for behavioral issues.
3. Lessons learned from provider pilots.
4. % Increase in number of individuals accessing peer mentoring

Data Elements for Measure	Information/Data Source(s)	Agency Collecting Data	Frequency of Data Collection
Results from crisis intervention pilots (e.g., number of people receiving supports and availability of supports.)	CI pilot evaluation reports.	CI pilot contractors.	End of pilots
Number of individuals entering habilitation center and reasons	Habilitation Center Admission Information	DMH	Annually
Data from CI Contractors	Report on interviews with coordinators and participants	CI pilot contractors. Evaluation team.	End of CI pilots.
Number of individuals who are matched to a mentor.	Sharing our Strength Database	UMKC – IHD	Annually

Table 9. Outcomes and data elements for measuring progress toward Goal 5, Objective 5d**Objective 5d:** Increase the quality of services and support through consistency and variety of training**Outcomes:**

1. Increase by 200% the number of individuals who complete the College of Direct Support Professionals training.
2. Decreased abuse/neglect reports.
3. Decreased consumer complaints.
4. Less DMH appeals overturned
5. Increased # of providers w/national accreditation.
6. Decreased deficiencies cited.

Data Elements for Measure	Information/Data Source(s)	Agency Collecting Data	Frequency of Data Collection
Enrollment forms and certificates, positive outcome data	Number of College of Direct Support Certificates. National evaluation results	DMH, UMKC-IHD	Annually
Reports of Suspected/Sustained A/N	CIMOR	DMH	Annually
Consumer Complaints	DMH Records	DMH	Annually
Appeals sustained and overturned	DMH Records	DMH	Annually
Number of national accreditations	National Accreditation Board Listings	National Accreditation Group	Annually
Number of deficiencies cited in provider reports	Provider Reports from site visits	DMH	Annually

EVALUATION RESULTS

The Evaluation Results section provides a description of the Systems Transformation Initiative activities and progress made with regard for each goal and objective. For each goal, the objectives, outcomes, strategies or activities, and data measures are stated. This is followed by a discussion of the progress made in the 2006-2007 fiscal year. For some data measures, baseline data was available. In this circumstance, progress over time is compared. When baseline data is not available, the discussion is limited to progress made during this last year, which may serve for comparison in upcoming years.

GOAL 3: Development or Enhancement of Comprehensive Quality Management Systems

Objective 3a: Increase the number of consumers, self-advocates and families that fully participate in the development, implementation and evaluation of the system.

The rationale for including this objective in the Systems Transformation Initiative is that if more consumers, advocates, and families participate in the development, implementation, and evaluation of the system, the system is more likely to be responsive to the needs of stakeholders. The desired outcome is to ***increase number of consumers, advocates/families participating in DMRDD Quality Assurance Advisory Group, SAFE, implementation workgroups and other activities.***

The strategic plan addresses this need for increased stakeholder involvement with two activities:

1. Develop a consumer/family/self-advocate board that provides feedback and guidance to DMRDD regarding the quality management system
2. Fully utilize the Missouri Quality Outcomes as measures for success

Data measures for monitoring progress regarding the involvement of stakeholders in the Systems Transformation Initiative involved tracking two data elements. First, counts of consumers, advocates, and families who attend work group and/or advisory group meetings and/or participate in Transformation grant sponsored activities are recorded. Second, the numbers of individuals participating in grant sponsored consumer research activities (i.e. focus groups and surveys) are recorded.

Progress

Numerous stakeholders participated in various work and/or advisory groups focused on systems transformation. The Missouri Quality Advisory Council was established in October, 2006. Membership has included representatives from the Missouri Planning Council, People First, Missouri Parents ACT, the Missouri Public Administrator Association, Self-Advocates and Families for Excellence, Missouri Chapter of ARC, and other family members and self-advocates. The total membership has included 14 individuals across these organization plus four transformation project staff. Other groups including stakeholder participation have been the Self-Directed Services Advisory Board and the Transition Work Group. Established in March 2007, the Self-Directed Services Advisory Board is comprised of self-advocates, family members, support brokers, SB 40 Boards, people who participated in the Independence Plus

project, and other stakeholders. The Transition Work Group is comprised of habilitation center staff, providers, and families statewide.

In addition to the aforementioned workgroups, stakeholders were invited to participate in focus groups. Change and Innovation Agency (CIA) was contracted to conduct focus groups looking at the needs of the current service delivery system and ways to enhance it. According to focus group attendance counts, 24 individuals with disabilities and 14 service providers participated in the focus groups. However, because an attendance count was not collected for one of the focus groups, this count is underestimated.

The Quality Council is currently documenting a comparison of Missouri Quality Outcomes, the certification principles, and National Core Indicators. The division will be participating in the National Core Indicators, collaboration among participating National Association of State Directors of Developmental Disability Services (NASDDDS) member state agencies and the Human Services Research Institute (HSRI), with the goal of developing a systematic approach to performance and outcome measurement. Utilization of the National Core Indicators will provide Missouri a reliable approach to (a) attaining feedback from consumers, family members, and provides and (b) measuring consumer outcomes.

Objective 3b: Through training and education, increase the number of stakeholders that understand and use the quality management system.

Part of the purpose of the project is to ensure that stakeholders (families, consumers, advocates) are able to understand and use the quality management system. In order for them to be able to influence the system, they will need to receive education and training. The desired outcome is ***an increased number of stakeholders who will be active participants in the development and implementation of the system.***

The strategic plan addresses this objective by:

1. Ensuring that key stakeholders participate in the development, implementation, and evaluation of the education process.
2. Include the Division's Quality Integrated Functions as a component in the College of Direct Support training.

Data elements for measuring progress included tracking the (a) overall number of stakeholders trained, (b) number of SAFE (Self-Advocates and Families for Excellence) volunteers trained, and (c) number of SAFE surveys completed. Data sources included rosters of training participants overall, roster of SAFE volunteers, and count of SAFE surveys completed.

Progress

As identified in the strategic plan, the implementation of the College of Direct Support provides consistent statewide training opportunity for direct support professionals. During the 2006-2007 grant period, 91 direct support professionals completed the thirteen required courses of the Missouri College of Direct Support and received a certificate of completion. The thirteen required courses are listed in Table 9.

Table 9. Missouri College of Direct Support certificate courses

13 Required Courses	
Maltreatment	You've Got a Friend
Documentation	Introduction to Developmental Disabilities
Safety at Home and in the Community	Teaching People with Developmental Disabilities
Positive Behavior Support	Supporting Healthy Lives
Person-Centered Planning	Community Inclusion
Individual Rights and Choice	Direct Support Professionalism
	Cultural Competence

As of October 2007, the SAFE program had trained 36 volunteers. Twenty of those are family members of persons with a developmental disability, 12 are self-advocates, and 4 were classified as “other” trained direct care support staff. Twenty-six surveys were initiated with consumers and nineteen were completed.

Other noteworthy activities that support increased stakeholder involvement in the design and implementation of quality services included the following.

- Ten AmeriCorps volunteers in four areas of the state provided training and support to individuals with disabilities.
- Information was shared and disseminated with the Quality Assurance Advisory Council representatives regarding policies, programs, and initiatives. These members are returning to their organizations and sharing what they have learned.

Objective 3c: Design and implement state-of-the-art data collection, monitoring analysis and accessible reporting system.

The rationale for this objective in the Systems Transformation Initiative is that a quality data collection and analysis system must be designed with the needs of the stakeholders in mind. The desired outcome is simply *better data collection, monitoring and reporting systems to assure quality care*.

Several strategies were adapted as a means of achieving the outcome.

1. Various focus groups with stakeholders were conducted to discover what their needs and desires are as far as reporting.
2. Review and analysis of current system.
3. Survey instruments such as the Missouri Quality Outcomes.

Data to measure the success of this objective included (a) tracking stakeholder involvement in the needs assessment, (b) monitoring new variables in the system, (c) compiling HSRI evaluation findings of the new system, and (d) reviewing Mental Health Task Force Recommendations.

Progress

The focus group participants were asked to respond to four questions about what they felt were important elements of reporting systems needed for quality services. The following table displays the questions and summary of responses.

Table 10. Needs assessment focus group results

Questions	Summary of Responses
When considering services, providers, etc. for yourself or your family members, what type of information would be nice to have?	Information on: <ul style="list-style-type: none"> • funding • services • training • reliability • staffing • transportation
How would you like to learn about the data?	<ul style="list-style-type: none"> • Through a website • Learning from other families and friends (e.g., support groups) • Resource guide • Provider Report Card
What are your requirements of the reporting data?	<ul style="list-style-type: none"> • User-friendly • Concise • Bullet points
When considering providing services to a client, what types of information would be nice to have?	Information about the consumer's: <ul style="list-style-type: none"> • medical and behavioral needs • history of effective treatments • preferences • relationships • personal history • custody/guardianship • areas of independence • transportation • staff preference

The Customer Information Management and Outcome Reporting (CIMOR) data directory for the Department of Mental Health of Missouri consists of information that is in accordance to the services and codes that the Department of Mental Health provides. It was released in October 2006. During the 2007 grant year, demographic data on habilitation center residents was incorporated into CIMOR and the CIMOR system has been used to track the transition of individuals into the community.

HSRI conducted a technical assistance site visit from December 5 through December 7, 2006. Their recommendations focused on licensing and certification, quality management, and case management. Table 11 summarizes their findings in these areas. Based on the findings, potential next steps recommended by HRSI include the following.

- Review final priority outcomes and indicators.
- Prepare evidence package for waiver renewals.
- Prepare a “practice” annual quality management evidence report.
- Develop report formats.
- Share “practice” evidence reports with Medicaid Agency.

Table 11. HRSI system evaluation

Licensing/ Certification	Quality Management	Case Management
<ul style="list-style-type: none"> • Consider certifying SB40 providers, or any other entity that undertakes case management responsibilities. • Consider adding standards/measures related to service plan implementation by the provider. • Consider adding standards/measures related to behavior supports and the use of psychotropic medications. • Consider a tiered approach to provider level of quality. • Develop a more consistent sampling methodology. • Review the sanctions policy to ensure sanctions are consistent and effective. As a part of the review, convene an ad hoc committee to conduct case studies to determine how to revise/craft the sanctions policy. • Set tighter, more defined criteria for when the surveyor is required to follow-up on-site the correction of the provider's deficiencies. • Consider adding measures from the principles not included in the current certification process. • Clarify for providers and agency staff that the provider qualification system consists of accreditation (external) plus the internal review process. Also, clarify that the internal process is as important as accreditation. • Consider setting criteria for providers that are not required to go through accreditation (e.g., number of people served, budget amount). • Review the current requirements for providers seeking to enroll as (or apply to become) a Medicaid provider. 	<ul style="list-style-type: none"> • Complete the development of the quality outcomes and indicators ensuring that all CMS assurance indicators are covered. • Once completing a draft set of outcomes and indicators seek input from the Division's Quality Council. • Align the outcomes and indicators with data sources identifying data source duplication and gaps. • Examine the robustness of discovery processes and data sources. • Determine the types of reports to be developed, the frequency of reporting, and the intended audience to utilize the reports. • Prioritize the Division's scorecard indicators. • Create a document that describes the quality management system for the public, including who is involved, roles and responsibilities, and where providers fit in. • Consider a format for a public report on quality outcomes. • Consider holding a statewide quality conference. • Integrate self-direction into the quality management strategy (e.g., who does oversight of fiscal intermediaries and individual providers). 	<ul style="list-style-type: none"> • Establish clear expectations about case manager roles and responsibilities for monitoring. • Track how issues are discovered by case managers and are addressed.

Other data sources currently being implemented and integrated through the Systems Transformation Initiative include the Waiver Quality Management System, SAFE, and Network of Care. CMS recently implemented a new Waiver Quality Management System and each Medicaid agency is required to collect and report quality performance measures. The Division of Mental Retardation & Developmental Disabilities (DMRDD) is working closely with the MO

HealthNet Division to align systems such to integrate information across divisions. Lastly, the Network of Care and Trilogy Inc. have instituted a new reporting system titled, “Urchin” which provides statewide data regarding the use of the Network of Care website.

Table 12. Mental Health Task Force recommendations

Prevention	Investigations	Oversight
<ul style="list-style-type: none"> • Pursue survey readiness toward national accreditation of the six habilitation centers and contracted community providers. • Work with DHSS and DSS for formal ties to its child abuse hotline. • Develop standardized, individualized training for consumers and families on identifying and reporting abuse and neglect. • Conduct standardized training based on best practices for DMH and provider staff on identifying and reporting abuse and neglect. • Redesign process for licensure and review of community-based providers. • Pursue legislation/amend regulations involving licensure and certification to permit administrative actions for failure to implement plans of correction. • Legislation/amend regulations to permit fines/other penalties against licensed/certified/contracted entities for failure to report abuse and neglect based upon organizational misconduct. • Improve quality of care by enhancing salaries of direct care staff. • Implement information management system to rapidly and effectively track critical data on abuse, neglect and other safety information. • Review completed investigations and explore Root Cause Analysis for complaints and recurring issues. • Make commitment to providing public and community based services that afford real choices for all Missourians who require DMH services. • Review Department policies and 	<ul style="list-style-type: none"> • Craft a legislative proposal comparable to Child Fatality Review Boards in DSS to review all deaths of adults who are in the care and custody of DMH. • Pursue legislation to allow public access to non-confidential information in final reports of substantiated abuse and neglect. • Develop a process for triage of incidents for joint investigation of all deaths or near deaths that are suspect for abuse/neglect as well as incidents of physical assault and sexual misconduct. • DMH and providers must ensure that incidents not impacting consumer safety as defined and enforced by DMH policy are handled administratively through disciplinary procedures though still tracked in the Department’s information systems and monitored by executive staff. • Enhance DMH investigations process by evaluating recommendations from the sister agencies on Task Force and implementing all that are feasible. • Evaluate the number of investigations completed by the Investigations Unit and determine the appropriate number of investigators needed in order to meet current mandated time frames, without sacrificing the quality of the investigation. 	<ul style="list-style-type: none"> • Work with the Mental Health Commission to implement the Commission’s recommendations to the fullest extent possible. • DMH’s Memorandum of Understanding with Missouri Protection and Advocacy Services shall be reviewed and amended if necessary to clarify roles and expectations. The terms of the MOU shall be made broadly available and become part of orientation and annual training for employees, consumers, and families. • Pursue legislation to amend Sections 565.180 RSMo ET. Seq. which pertains to the crime of elder abuse, to incorporate the crime of patient, resident or client abuse or neglect of a Department consumer currently provided for in Section 631.155, RSMo. • The Division of MR/DD shall create a committee of key stakeholders to evaluate the feasibility of public-private partnerships to deliver case management services, determine eligibility, manage local wait lists, and provide and/or contract for a system of programs and services in their local areas. • Prepare an annual report to the Governor, Lieutenant Governor, and the Mental Health Commission on its progress in implementing these recommendations.

Prevention	Investigations	Oversight
<p>procedures and ensure that health, safety and welfare of all consumers are the first and foremost priorities of all employees – investigators as well as clinical staff.</p> <ul style="list-style-type: none"> • Amend regulations to create a process to require providers to conduct background checks on all potential employees to determine whether individual is subject of pending investigation or finalized abuse/neglect case involving disqualifying events and require the provider to take appropriate steps to provide consumer safety. • Pursue legislation providing civil immunity to providers and DMH administrators allowing open discussion of individual job performance in order to make employment decisions that affect consumer safety. 		

GOAL 4: TRANSFORMATION OF INFORMATION TECHNOLOGY TO SUPPORT SYSTEMS CHANGE.

Objective 4a: Design and build an integrated system on a scalable platform that meets data and system requirements.

An integrated system will better be able to provide stakeholders and service providers alike with valuable resources about disabilities. In order to meet this objective the following outcomes are desired: ***A data system that includes more functions and data collection elements so that stakeholders can access information on needed issues. More reporting tools will be developed (eg provider scorecard) for stakeholders to use in decision making, a system that more flexible to accommodation and meet needs, and lastly that CIMOR is fully implemented.***

The following activities and data gathering will address the need to design and build a more integrated system:

1. Data Gathering: network of care usage data, CIMOR (overview of types of included data), autism registry user's data.
2. Identification of information system needs, perform gap analysis, design, build and implement additional functions in CIMOR and Network of Care.

The items used to measure the success of this objective included the dates of system implementation or completion, number of reports completed and most importantly the number of user that found the system useful.

Progress

The Network of Care web site was unveiled in March 2006.

An initial survey was conducted to gather information about perceived satisfaction with the Network of Care website. The following is summary of the survey findings.

- All respondents rated the website as accessible.
- The website language was *always understandable* for 68.8% and *usually understandable* for 31.3%.
- Eighty percent rated the language as *always* being People First and 20.0% as *usually* being People First language.
- The website *always* met the information expectations of 77.4% of the respondents and *usually* 22.6% of the time for the other respondents.
- All respondents who answered the question rated the webpage as easy to navigate.
- The webpage was rated as excellent by 67.7% of the respondents, *very good* by 29.0% and *good* by one person (3.2%).
- The people who answered the survey found the legislature component, the library, medications and my folder as the favorite features of the webpage.

The Missouri autism registry, as a member in the Interactive Autism Network (IAN), was unveiled in April 2007.

Objective 4b: Increase the number of stakeholders who utilize a fully integrated information system.

The rationale for this objective is that an increased number of stakeholders utilizing an integrated system mean more stakeholders with the disabilities resources and information to make decisions for their families/themselves. The desired outcomes are that ***more useable reports to better meet the needs of stakeholders will be available. Increased numbers of stakeholders will utilize the fully integrated information system, and there will be better utilization of information and knowledge through enhanced partnerships.***

Several strategies were employed to meet this objective, including:

1. Development of a plan to effectively integrate CIMOR and the Network of Care.
2. Development of user friendly reports based on review of report needs of users.
3. Development and implementation of a variety of methods to disseminate information to potential users.
4. Partnering with other networks such as Extension and Telehealth to increase access to information system.

Data measures for monitoring the progress of objective 4 included tracking and counting the number of system users (eg CIMOR, Network of Care, and Missouri Autism Registry), the number and types of reports created, and usefulness ratings based on the number of “hits” that the websites are getting. The # of hits is a good indicator of usefulness/non-usefulness.

Progress

Currently, planning is underway to utilize Trilogy's e-learning system to provide web-based learning to provide training to stakeholders. The Network of Care launches and training have taken place in multiple locations around the state during 2006 and 2007. Quarterly reports are provided on the usage of the Network of Care. The plan for the implementation of Telehealth to provide counseling, behavior therapy and some crisis intervention services has been written. The DMRDD is seeking participants to pilot the use of telehealth services. DMRDD is also participating in work groups with the Mental Health Transformation (SAMHSA Grant) stakeholders regard Department wide telehealth initiatives.

In the last year, access and utilization records have shown an increase in the numbers of individuals accessing the Network of Care and increase in the duration of time individuals interact with the web resource. Table 13 displays data usage averages.

Table 13. Network of Care access data

	Average Number of Sessions ¹	Average Number of Hits ² /Session	Average Length of Session (minutes)
Baseline (March 2006-September 2006)	1,103.14	103.44	17:52
Year 1 (October 2006-September 2007)	14,697.30	30.81	14:07

¹Session: A series of hits to the site over a specific period of time by one visitor.

²Hit: Any successful request to the site from a visitor's browser.

During the baseline months, the individuals accessing the Network of Care web site were predominantly using computers within the Missouri government system. This was not unexpected as the site was initially unveiled to the state. Also, the number of hits per session and the average length of the session were comparatively more during the baseline period. Because the system was new, individuals within the Missouri government system were familiarizing themselves with the web resource. During Year 1, the percentage of users accessing the web resource from a Missouri government computer dropped from 70% of the users to 7% of the users.

The Interactive Autism Network which is the online National Autism registry designed by Kennedy Krieger Institute with funding from Autism Speaks, was launched on April 2, 2007. This registry has the potential to accelerate the pace of autism research and treatment. In Missouri, the Thompson center is partnering with Kennedy Krieger and the Department of Mental Health to create a state model for using IAN data to guide public policy about interventions and services. As of September 2007, approximately 700 Missouri families have registered children with IAN, while over 4,000 families have registered nationally and these numbers increase daily.

Between October 2006 and March of 2007, CIMOR had 4,656 users. Between March 2007 and September 2007, this number increased to 5,452 users. The users accessed reports from the Regional Center, eg main reports, logs, choices, consumer and provider reports. Additionally, the average length of a Network of Care session has increased from 17 minutes in Oct. 2006 to 30 in

September of 2007. These increases are hypothesized to be correlated with the availability of information and the perception that the information is useful.

As mentioned earlier in this report, the CIMOR system was released in October 2006. As of September 2007, there were 1292 users accessing reports generated from the CIMOR system. Table 14 lists the types of reports available.

Table 14. Reports generated from CIMOR data

Regional Center Reports	MRDD Habilitation Center Reports
Main Reports (i.e. case loads and waiting lists)	Main Reports (i.e. census)
Logging Reports (i.e. audits)	Consumer Banking
Choices Reports (i.e. transactions and vendors)	Consumer Resources
Consumer Banking Reports	Consumer Programs
Consumer Diagnosis	Consumer Diagnosis
Consumer Resources	
Providers	

The new CIMOR system had 4,656 users during the baseline period (October 1, 2006 through September 30, 2007). Between October 1, 2007 and March 31, 2007, there were 5,452 users. Each Regional Center has its computer website. The statistics for the period June 1, 2006 through September 1, 2007 for visits and unique visitors to the site are included in detail in Table 15.

Table 15. Regional Center website results

Regional Center	June # of visit	July # of visits	August # of visits	September # of visits
Albany	246	511	918	1051
Hannibal	280	515	545	743
Kirksville	188	422	543	686
Kansas City	426	607	874	1196
Rolla	286	600	634	831
Poplar Bluff	179	385	512	659
Springfield	416	523	681	841
Sikeston	160	528	565	804
Central Missouri	461	523	681	841
Albany	74	94	223	434
Hannibal	146	110	104	280
Kirksville	53	74	142	165
Kansas City	251	217	282	600
Springfield	212	144	198	303
Rolla	125	157	180	368
Poplar Bluff	44	57	115	228
Sikeston	35	129	132	313
St. Louis	284	347	385	354

GOAL 5: FUNDING OF COMMUNITY SUPPORTS

This goal examines not only funding, but also waiting lists and other relevant data.

Objective 5a: Increase availability and flexibility of funding for service options to support individuals transitioning in the community

If the grant is successful, the funding for community-based services should increase with a concomitant decrease in funding for state-operated facilities. Expected outcomes of this objective are *an expanded funding source, and better use of available and flexible funding sources*.

Strategically, this objective will be met with the following activities:

1. Development of an alternative flexible contracting and reimbursement methods with stakeholder input.
2. Examination of the policies or regulations barriers between or among funding sources.
3. Piloted selected innovative options while maintaining quality standards.
4. Evaluation of the effectiveness of the piloted options

Data measures for monitoring the progress of this objective include: lists and number of new funding sources developed, the increased number of funding sources that are more available and more flexible.

Progress:

In summary, the State FY08 appropriations to DMRDD included funding for 41 additional service coordinators to be hired by County DD Boards in areas where caseload ratios are the greatest. Additionally, the legislature increased funding this year to meet the critical needs of individuals who are on the waiver waiting list as well as individuals with autism. Specifically, 15.8 million dollars were provided to reach those people on the waiting list with a UR score of 11 or 12 both who need residential or in home services. 3.9 million dollars were provided for individuals with autism and 3.7 million dollars were provided for FTEs for service coordination. The division will be working with our SB 40 boards and Affiliated Community Service providers to increase the number of service coordinators. This will decrease case load size and lead to improved services. Most of these FTEs went to St Louis, Kansas City and Springfield. Missouri was also awarded the MFP grant which allows for an enhanced federal match for individuals who are transitioning from nursing homes and habilitation centers.

In January of 2007, Missouri was awarded the Money Follows the Person Funding. A project director was hired and our operational protocol was submitted in June 2007. The protocol was approved in October, 2007.

The waiting list for residential placements decreased from 1,344 in October of 2006 to 473 in September of 2007. Details are provided in Table 16. The wait list for other support services increased from 3,564 in October of 2006 to 3,713 in September of 2007. Table 17 provides waiting list for other services in more detail.

Table 16. Waiting list for Residential Placement

Regional Center	09/20/2006	04/30/2007	09/30/2007	Change from 9/2006 to 9/2007
Albany Regional Center	39	21	14	-25
Kirksville Regional Center	21	3	4	-17
Hannibal Regional Center	40	16	19	-21
Kansas City Regional Center	582	145	145	-437
Joplin Regional Center	37	11	12	-25
Springfield Regional Center	140	47	63	-77
Rolla Regional Center	15	4	6	-9
Poplar Bluff Regional Center	40	3	3	-37
Sikeston Regional Center	35	9	5	-30
St. Louis Regional Center	275	180	151	-124
Central Missouri Regional Center	120	62	51	-69
Total Awaiting Residential Placement	1,344	501	473	-871

Table 17. Waiting list for other Support Services

Regional Center	09/20/2006	04/30/2007	09/30/2007	Change from 9/2006 to 9/2007
Albany Regional Center	90	85	101	+11
Kirksville Regional Center	102	66	93	-9
Hannibal Regional Center	86	88	101	+15
Kansas City Regional Center	1,118	1,181	1,248	-130
Joplin Regional Center	47	54	58	+11
Springfield Regional Center	252	277	224	-228
Rolla Regional Center	22	25	32	+10
Poplar Bluff Regional Center	134	156	145	+11
Sikeston Regional Center	150	112	126	-24
St. Louis Regional Center	1,504	1,475	1,514	+10
Central Missouri Regional Center	59	68	71	+12
Total Awaiting Residential Placement	3,564	3,587	3,713	+149

Objective 5b: Increase the number of individuals and families who choose to transition to life in the community from habilitation centers and increase the number of those who choose to remain in the community.

If this grant is successful, more individuals served will decide to move to the community from habilitation centers and more individuals will choose to remain in the community. The desired outcomes of this objective are that *more individuals and families will choose to transition to life in the community from habilitation centers and increase the number of those who choose to remain in the community. Those individuals who chose to move to the community will report a better quality of life.*

The strategic plan addresses this objective in a number of ways:

1. A variety of resources that support individuals in making informed choices will be developed e.g. a resource guide on innovative community living options.
2. Staff will be educated on how to help people make informed choices.
3. Public awareness of informational resources and how to obtain them will be increased.

Outcome measures for monitoring the progress regarding increasing the number of families and individuals who choose to transition into community life include: (1) the number entering and leaving habilitation centers; (2) the amount of funding directed toward community based services; (3) the amount of funding directed toward state operated facilities; (4) The number of people self-directing their own services.

Progress

The habilitation center census shows a decrease to 948 individuals and participation in HCBS has increased to over 8,500. Funding has increased to address the reduction of the wait list for waiver services. MFP operational protocol was approved.

The Division of Mental Retardation and Developmental Disabilities (DMRDD) is increasing efforts to assure that people in habilitation centers are provided with the opportunity to make an informed choice about transitioning. Private providers meet with staff, parent groups, and residents to talk about supports and services available in the community. A web based referral system is being built and will be available in late 2007. The Missouri Planning Council for Developmental Disabilities published stories of people who have transitioned called simply, "Change is Good". A tool assisting individuals and families to choose a residential provider has been developed by the Quality Council. Videos of stories about people who have successfully transitioned have been completed. DMRDD staff is working with the MH Transformation to research evidenced and best practices used in other states. Information about EBP is available on the NOC site. Approximately 100 staff members have been trained in the use of the Support Intensity Scale. This scale will be used to interview over 8,000 adults and the results used to inform the development of supports plans and strategic planning. The Missouri Planning Council for Developmental Disabilities entered into a contract with UMKC to provide training on self-direction.

The amount of monies spent by Regional Centers, including waived services, purchase of services, and community placement increased from the baseline period (\$343,366,151) to \$385,001,133 (October 2006-September 2007). A parallel outcome for this project is the decrement of the proportion of Medicaid funding to state-operated facilities. In the baseline year, monies directed to state operated facilities were \$103,091,953. In first semi-annual period (October 2006-March 2007), the amount of monies directed to state facilities was \$54,525,153.

Objective 5c: Within the community, increase the availability, timeliness, and follow-up of behavioral support resources, counseling services and crisis management for individuals and their families.

In order to remain in the community, supports must be available to those who transition from state operated facilities. The grant activity focused on this objective looks at behavioral supports

and a mentoring system. The desired outcomes are ***an increased access to behavior support resources, and fewer individuals returning to habilitation centers.***

The following activities will address the need for increased availability, timeliness of follow up of behavioral support services for individuals and families:

1. Explore partnerships with existing mentoring projects.
2. Evaluate and expand mentoring activities that will support transitioning to the community.
3. Educate stakeholders about the availability and use of mentoring opportunities.

Monitoring the progress of increasing availability and timeliness of behavioral support resources involved tracking the results and numbers of people receiving supports and availability through the crisis intervention pilots. Progress was also measured by the number of individuals entering habilitation center and the reasons for doing so as well as the number of individuals matched to mentors.

Progress

A partnership with the MU Thompson Center for Autism and Neurodevelopmental Disabilities has created capacity for one additional child a month to receive services on a monthly basis. The Behavior Support Clinic provides a comprehensive multi-disciplinary records review, assessment and development of an individualized treatment plan with an interdisciplinary emphasis.

Delivery of behavioral therapy, crisis intervention, and counseling services using telehealth equipment will be piloted beginning late 2007, and will continue for at least 6 months to gather data that will inform a statewide expansion. An amendment to the HCB waivers to enable Medicaid reimbursement for waiver services provided via telehealth will be submitted following the pilot.

Interactive Autism Network (IAN), which is the online National Autism registry designed by Kennedy Krieger Institute with funding from Autism Speaks, was launched April 2, 2007. This registry has the potential to accelerate the pace of autism research and treatment. In Missouri, the Thompson Center is partnering with Kennedy Krieger and the Department of Mental Health to create a state model for using IAN data to guide public policy about interventions and services. As of September 2007, approximately 700 Missouri families have registered children with IAN, while over 4,000 families have registered nationally and these numbers increase daily. A paper has been published, utilizing data from IAN, and is posted on the IAN website. For more information about IAN, go to <http://www.ianproject.org>.

Objective 5d: Increase quality of services and support through consistency and variety of training.
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An extensive training effort must be made to increase the quality of services for people with developmental disabilities and their families. Improved training equates to more quality services and should have a positive impact on many of the Division of MR/DD statistics (e.g. abuse and neglect cases). The desired outcomes are that ***Direct Support Professionals will receive training through the College of Direct Supports resulting in improved skills. Consumers and families***

participate in the delivery and evaluation of training, and lastly that fewer problems will be found on person centered plan audits, inspections, appropriate health screenings, and SAFE survey reports.

The strategic plan addresses the need for increased better quality services through training with several activities provided through the College of Direct Support:

1. The development of a mentoring system for direct support professionals statewide.
2. The development and implementation of training programs that meets the needs of targeted stakeholders.

Data to measure increased quality of services and support through consistency and variety of training include tracking a number of items: (a) the number of College of Direct Support Certificates, (b) the number of deficiencies cited in provider reports, (c) the number of national accreditations for providers, and (d) the number of suspected and sustained reports of abuse and neglect.

Progress

An expert on Behavioral Supports and Self Determination, Dave Hingsburger presented three workshops in 2007 to Regional Office Staff and consumers.

Grant funds supported three self-advocates to attend the annual People First Retreat in September of 2007. Six individuals who reside in habilitation centers and their support staff (total of 10 people) attended the annual People First Conference in St. Louis in April and heard information about how participation in People First can be beneficial. Project staff will coordinate with habilitation center leadership to help residents of habilitation centers to be offered opportunities to participate in future People First events.

Regional Autism Intervention Conferences took place in three areas of the state. Over 750 people attended. A fourth conference will tentatively be held later in 2008. A plan to test a new model for Positive Behavior Support training is under development, and will be piloted in one or more metropolitan areas during Fiscal Year 2008. An RFP has been developed and is at the Missouri Office of Administration for review.

Transformation Initiative staff participated in the development of four training modules for public librarians regarding supporting patrons with disabilities. Fifteen individuals with disabilities participated in the development of the web based training. The DMRDD has proposed an additional Decision Item for the Fiscal Year 2009 budget, to continue the College of Direct Support and expand it statewide. If it is approved for inclusion in the department's request, and recommended by the Governor, this will be reviewed and discussed during the 2008 Legislative Session, beginning in January, 2008. The number of direct support professional earning certificates of completion of the College of Direct Support is described on page 9 of this report.

For the baseline period (October 1, 2005 through September 30, 2006), there were 411 consumer complaints. For the period October 1, 2006 through March 2007, there were 93 total complaints- (Table 23). In addition, there was a decrease in the number of abuse/neglect reporting. For the

baseline period (October, 2005-September, 2006), there were 825 incidents reported. From October 2006 to September, 2007 677 abuse/neglect reports were made.

Table 23. Number of consumer complaints

Period	Complaints	Alleged a/n	Grievance	Other	Consultation/ Advocacy
Baseline Period (October 1, 2005-September 30, 2006)	113	180	2	29	14
First Semi-Annual Period (October 1, 2006 – March 31, 2007)	18	31	2	1	39
Second Semi-Annual Period (April 1, 2007- September 30, 2007)	27	7	1	1	62

Table 24. Number of abuse/neglect reports

Date	Investigations	Substantiated Abuse/Neglect
Baseline Period (October 1, 2005-September 30, 2006)	825	514
Semi-Annual Report #1 (October 1, 2006 – March 31, 2007)	290	159
Semi-Annual Report #2 (April 1, 2007- September 30, 2007)	387	185

NEXT STEPS

Over the course of this 5 year project, the evaluation will continue to describe progress toward the goal of “*supporting people with developmental disabilities of any age or payer source to live in their communities through maximized independence, dignity, choice, and flexibility.*” During the 2006-2007 project year positive outcomes were noted across all three goal areas. In recognition of and response to implementation processes and outcomes attained, the evaluation plan will continue to be reviewed and revised such to provide a dynamic document for authentic evaluation.